DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 0 — 0 0 7

2. STATE: New Mexico

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2000

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42CFR 435.212

7. FEDERAL BUDGET IMPACT:
a. FFY 2000 $ 0
b. FFY 2001 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 2.2 A
page 10a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 2.2 A
page 10a

10. SUBJECT OF AMENDMENT:
Risk Based Managed Care Enrollment Restriction

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
Medicaid Director

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Robert T. Maruca

14. TITLE:
Director

15. DATE SUBMITTED:
August 17, 2000

16. RETURN TO:
Robert T. Maruca, Director
Medical Assistance Division
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: August 30, 2000

18. DATE APPROVED: October 5, 2000

PLAN APPROVED - ONE COPY ATTACHED

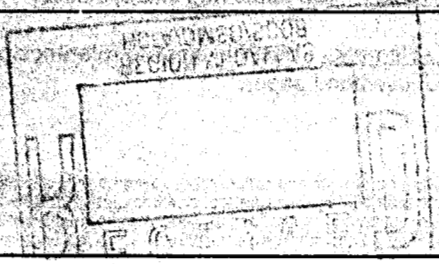
19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Calvin G. Cline

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:



FORM HCFA-179 (07-92)

Instructions on Back

State/Territory: NEW MEXICO

Agency*	Citation(s)	Groups Covered
	1903(m)(2)(F) of the Act, P.L. 98-369 (section 2364), P.L. 99-272 (section 9517), P.L. 101-508 (section 4732)	B. Optional Groups Other Than the Medically Needy (Continued) The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of certain Federally qualified HMOs, Competitive Medical Plans (CMPs) with Medicare contracts under section 1876 of the Act, and other organizations described in 42 CFR 434.27(d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible. X Disenrollment rights are restricted for a period of 12 months (not to exceed 12 months). During the first three months of enrollment the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment. ___ No restrictions upon disenrollment rights.
	1903(m)(2)(H), 1902(a)(52) of the Act P.L. 101-508 (section 4732)	In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an entity having a contract under section 1903(m) when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract. X The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost. ___ The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

STATE New Mexico
DATE RCVD 08-30-00
DATE APPVD 10-25-00
07-01-00
HCFA I.D. 00-07
A

*Agency that determines eligibility for coverage.

TN No. 00-07 Approval Date 10-25-00 Effective Date 07-01-00
Supersedes
TN No. 97-02

HCFA ID: 7983E